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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: THE BARBADOS FOUNDATION, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ $70.00 Filing Fee	☑ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	

FROM: SELENA AMADO
Name (Printed or typed)

1404 E. LAS OLAS BOULEVARD, #30123
Address

FORT LAUDERDALE, FL 33303
City, State & Zip

954-417-9051
Daytime Telephone number

info.thebarbadosfoundation@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: THE BARBADOS FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

1404 E. LAS OLAS BOULEVARD, #30123

FORT LAUDERDALE, FL 33303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To enhance the lives of Barbadians on the island through private and public works.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

In the Bylaws of the organization

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SELENA AMADO, C.E.O

Address 1404 E. LAS OLAS BOULEVARD

#30123

FORT LAUDERDALE, FL 33303

Name and Title:

Address:

Name and Title: NEOSHA JONES, DIRECTOR

Address 14311 BISCAYNE BOULEVARD

#612135

N. MIAMI, FL 33261

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

FILED

16 MAY 24 AM 8:24

Name and Title:_____ Name and Title:_____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title:_____ Name and Title:_____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: SELENA AMADO

Address: 1404 E. LAS OLAS BOULEVARD, #30123

FORT LAUDERDALE, FL 33303

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SELENA AMADO

Address: 1404 E. LAS OLAS BOULEVARD, #30123

FORT LAUDERDALE, FL 33303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____ 5/17/2016

Required Signature of Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ 5/17/2016

Required Signature of Incorporator Date